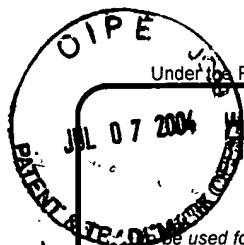


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TRANSMITTAL
FORM

Use for all correspondence after initial filing)

Application Number		10/777,334
Filing Date		02/12/2004
First Named Inventor		Franck-Philippe N'Dia
Art Unit		3727
Examiner Name		
Attorney Docket Number		AC0523US (#90613)
Total Number of Pages in This Submission	6	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Letter with substitute "Combined Declaration and Power of Attorney" is enclosed; post card receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Please charge any fees associated with the filing of this substitute "Combined Declaration and Power of Attorney" to applicant's attorney's Deposit Account No. 08-2441.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

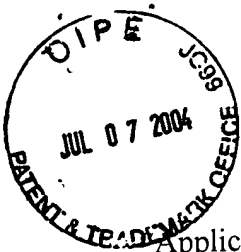
Firm or Individual name	D. Peter Hochberg, Esq. D. Peter Hochberg Co., L.P.A.		
Signature			
Date	07 / 01 / 2004		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:			
Typed or printed name	Christine A. Kotran		
Signature		Date	07 / 01 / 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Franck-Philippe N'Dia
Serial No. : 10/777,334 / Conf. No. 4914
Filed : February 12, 2004
Title : EASILY OPENED FLUID POUCH
Examiner : _____ / Art Unit: 3727
Attorney Docket : AC0523US (#90613)

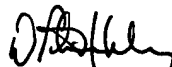
LETTER SUBMITTING SUBSTITUTE
COMBINED DECLARATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed for filing and entry on the records of the U.S. Patent and Trademark Office is a substitute "Combined Declaration and Power of Attorney" as executed by the inventor for the referenced application. This Declaration corrects errors in the spelling of the inventor's first name (to Franck-Philippe) and the filing date of the provisional application (February 14, 2003) on which the priority benefit is claimed. Accordingly, the issuance of a corrected Filing Receipt reflecting the proper first name of the applicant is respectfully requested.

Respectfully submitted,

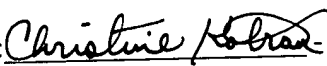
By: 
D. Peter Hochberg
Reg. No. 24,603

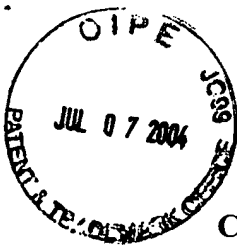
DPH/JR/ck
Enc.: Combined Declaration and Power of Attorney

D. Peter Hochberg Co., L.P.A.
1940 E. 6th Street - 6TH Floor
Cleveland, Ohio 44114
Phone: (216) 771-3800 / Fax: (216) 771-3804
e-mail: dphdocket1@aol.com

Certificate of Mailing

I hereby certify that this document, and anything indicated as being attached or enclosed, is being deposited with the United States Postal Service as first class mail in an envelope addressed: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date noted below:

Christine Kotran:  7 / 1 / 2004



Attorney Docket No. AC0523US (#90613)

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ (X) original
☐ () design

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of last three items.

- ☐ () national stage of PCT
☐ () supplemental

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ () divisional
☐ () continuation
☐ () continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

EASILY OPENED FLUID POUCH

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b), or (c))

- (a) ☐ () is attached hereto.
(b) ☒ (X) was filed on February 12, 2004 as ☒ (X) Serial No. 10/777,334 or
☐ () Express Mail No. _____, as Serial No. not yet known
and was amended on _____ (if applicable).

(c) ☐ was described and claimed in PCT International Application
 No. _____ filed on _____
 and as amendment under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. Sec. 1.56(a).

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

BENEFIT CLAIM

I hereby claim the benefit of U.S. Provisional Application No. 60/447,657, filed February 14, 2003, under Title 35, United States Code, Section 119(e).

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.
(e) ☐ such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING (month,day,year)	PRIORITY CLAIMED UNDER 37 USC 119
_____	_____	_____	(<input type="checkbox"/>) YES NO (<input type="checkbox"/>)
_____	_____	_____	(<input type="checkbox"/>) YES NO (<input type="checkbox"/>)

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint D. Peter Hochberg, Reg. No. 24,603, Sean Mellino, Reg. No. 48,817, Katherine R. Vieyra, Reg. No. 47,155, and James A. Rich, Reg. No. 25,519, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

D. Peter Hochberg Co., L.P.A.
The Baker Building - 6th Floor
1940 East 6th Street
Cleveland, Ohio 44114-2294

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

James A. Rich
(216) 771-3800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: Franck-Philippe N'Dia

Inventor's signature

June 8th, 2004

Date

Cote D'Ivoire
Country of Citizenship

513 Southwind Terrace, Lexington, Kentucky 40517

Residence

513 Southwind Terrace, Lexington, Kentucky 40517

Post Office Address

Full name of **second joint inventor**, if any: _____

Inventor's signature

Date

Country of Citizenship

Residence

Post Office Address

CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S)
FORM A PART OF THIS DECLARATION

- () Signature for third and subsequent joint inventors. Number of
pages added _____ .
- () Signature by administrator(trix), executor(trix) or legal
representative of deceased or incapacitated inventor. Number
of pages added _____ .
- () Signature for inventor who refuses to sign or cannot be reached
by person authorized under 37 CFR 1.47. Number of pages added
_____ .

- ** () Added pages to combined declaration and power of attorney for benefit
of a provisional, divisional, continuation, or continuation-in-part (CIP)
application. {Not required if modifications for provisional incorporated herein.}
- ** () Number of pages added _____ .

**** Text included within this Declaration and Power of Attorney for benefit of provisional.**

**If no further pages form a part of this Declaration then end this Declaration with this page
and check the following item.**

(X) This declaration ends with this page.